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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN PHILLIPSTON	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
IP RESTAURANT & MO	TEL INC	
LIP RESTAURANT & MO	OTEL	
RS		
STATE: MA	ZIP CODE: 01331	
TYPE OF LICENSE: Innh	holder CATEGORY: All Alcohol	
OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
EMISES:		
LAR BANQUET ROOM ng in the outdoor area.	AND STORAGE. TWELVE MOTEL	
alties of perjury that:		
e of the same type for the	same premises now licensed;	
with all laws of the Comm	nonwealth relating to taxes; and	
n for business (If not expla	in below)	
rtner or Authorized Corpor	rate Officer	
		1
		J
HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
	(Note: NOT Individual Social Security Number)	
g inspector and the head	of the fire department for the above	
	LOCAL LICENSING AUTHORITY	
	By:	
	·	
	CLASS IP RESTAURANT & MO LIP RESTAURANT & MO RS STATE: MA TYPE OF LICENSE:Inni OUR WEBSITE AND ENTER YOUR EM EMISES: LAR BANQUET ROOM ng in the outdoor area. alties of perjury that: he of the same type for the with all laws of the Comm n for business (If not explain Therefore a not explain HONE NUMBER: HONE NUMBER:	Annual CLASS YEAR PRESTAURANT & MOTEL INC LIP RESTAURANT & MOTEL RS STATE: MA ZIP CODE: 01331 TYPE OF LICENSE: Innholder CATEGORY: All Alcohol PUR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISSES: LAR BANQUET ROOM AND STORAGE. TWELVE MOTEL ng in the outdoor area. alties of perjury that: the of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and in for business (If not explain below) There or Authorized Corporate Officer HONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The are in possession (1) the certificate required by Chapter 304 of the grinspector and the head of the fire department for the above the of liquor liability insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 096800003		CITY OR TOWN PHILLIP	SION
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: LAMB CITY NESS A DYALSTON RD	Y VARIETY,INC.		
CITY/TOWN:	PHILLIPSTON	STATE: MA	ZIP CODE: 01331	
MANAGER:	BLAKE, J. THEODORE	TYPE OF LICENSE: P	ackage Store CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u>.</u>
	N OF LICENSED P. ON THE FIRST FLO			
 the the 	renewed license will licensee has complie	* *	ne same premises now licensed; nmonwealth relating to taxes; and plain below)	d
SIGNED DT	Individual, l	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096800000)	CITY OR TOWN PHILLIPSTON
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: KATS BA	A, LLC	
DOING BUSINESS A KATS BA	AA	
ADDRESS 85 ROYALSTON RI)	
CITY/TOWN: PHILLIPSTON	STATE: MA	ZIP CODE: 01331
MANAGER: BLAKE, KATHLEEN	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
	S LOCATED ON N & S SIDE	P GROUNDS. BULIDING IS 3000 SQ S. SERVICE ENTRANCE ON EAST
2. the licensee has compl	ill be of the same type for the s lied with all laws of the Commo	onwealth relating to taxes; and
SIGNED BY Individual.	, Partner or Authorized Corpor	ate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the buil	lding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096	800008	CITY OR TOWN PHILLII	PSTON
APPLICATION FOR REN	NEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BAI DOING BUSINESS A PH	MS, INC. HILLIPSTON COUNTRY STOR	RE	
ADDRESS 325 STATE R	OAD		
CITY/TOWN: PHILLIPS	STON STATE: M	ZIP CODE: 01531	
MANAGER: MALOUIN BERNARI		Package Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICE	NSED PREMISES:		
	TH WALK IN COOLER, REAR ONT & REAR EXITS, 2216 SQ	STORAGE ROOM, OFFICE, RE . FT.	EST ROOM,
I hereby certify and swear	under penalties of perjury that:		
1. the renewed lic	ense will be of the same type for	the same premises now licensed;	
2. the licensee has	complied with all laws of the Co	ommonwealth relating to taxes; an	nd
3. the premises ar	e now open for business (If not e	xplain below)	
SIGNED BY			
Ind	ividual, Partner or Authorized Co	orporate Officer	
DATE:	TELEDITONE NUMBER	EMPLOYER IDENTIFIC	CATION NUMBER
DITE.	TELEPHONE NUMBER:	(Note: NOT Individual Soci	
			,
n			
Please Check Below: APPROVED:		LOCAL LICENSING AUT	THORITY
DISAPPROVED:		Ву:	
(If disapproved explain)			
DATE:			

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